



**TEAM ROSTER  
DANCE**

Please return this completed Team Roster to the MSAA Office in Franklin

**Please check one:**  **FALL**     **WINTER**

**School** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Athletic Director \_\_\_\_\_ Phone \_\_\_\_\_

Coach \_\_\_\_\_ Home Phone \_\_\_\_\_

Email (required): \_\_\_\_\_

**Varsity**

**Junior Varsity**

List team members below (maximum of 24 active participants, plus alternates).

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I certify that all students listed above are members of the school dance team. All team members have had a yearly physical and are eligible to compete according to MSAA Dance Rules and Regulations.

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

**Check our web site often for updated information regarding the fall dance season.**

Franklin, MA 02038  
Web: **www.msaa.net**  
Tel: (508) 541-7997  
Fax: (508) 541-9802